COMMONWEALTH OF KENTUCKY JOHN Y. BROWN III **SECRETARY OF STATE**



APPLICATION FOR CERTIFICATE OF AUTHORITY

| 72.06 | Brown III | of State | and Filed | U1:53 FM | pt: \$90.00 | COD |
|-------|-----------|----------|-----------|----------|-------------|-----|
| 9 | trans | | 10 | | (4) (5) | i |

| Kentucky on behalf | of the limited liability company | o, the undersigned hereby applies y named below and for that purpose: | submits the Knilowin t | signed to the state of the stat | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|----------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|
| 1.The company is | of the limited liability company named below and for that purpose submits the dicwing street elite: (X) a limited liability company (LLC). (B) a professional limited liability company (PLLC). | | | | | | |
| 2.The name of the Atlantic Assurance | limited liability company is cof Virginia, LLC | | | · | | | |
| 3.The name of the | limited liability company to be | used in Kentucky is | | | | | |
| | | (מ'mai name" וו עיזאיפאפגליני לכיו עונט) | | | | | |
| 4. North Carolina | is the | state or country of organization. | | | | | |
| 5. 12/14/1995 of dissolution, the | | date of organization and, if the limite nited liability company is to dissolve in | | nas a specific date | | | |
| 6. The street address office address is | s of the office required to be r | naintained in the state of formation o | r, if not so required, | the principal | | | |
| 4425 Randelph Ro | ad, Suite 400, Charlone, NC 282 | 31 | | | | | |
| 7. The names and u | sual business addresses of th | e current managers, if any, are as fol | lows: | | | | |
| | Name | eka pikaritanak kis. — mpanik si akatempirat sayan Yan ten Apiran Tamaruman e Tamaritasi Sepulat Sepulat Sebe | Acritess | | | | |
| المراجع المراجع والمسابة منا الدرود مناسحه مناصحها منها والمسام مناجع المسابقة والمسابقة والمساب | Feare | Paracin a continuation, if nocurescry) | Acchese | | | | |
| 8 The street address | s of the registered office in Ka | | | | | | |
| c/o C T Corporation | mSystem. Kentucky Home Life I | Building, Louisville, Kentucky 40202 | | | | | |
| Street | tur namiatarus craamt at dant affi | Csy | State | Zip Code | | | |
| C T Corporation S | he registered agent at that off ystem | ICE IS | | | | | |
| 9. This application w | rill be effective upon filing, unl | ess a delayed effective date and/or ti | ime is specified: | | | | |
| (Di | Hayard Inflame data stroker (Pris) | tru matthiads | | | | | |
| | the date of filing this applica der the laws of the jurisdiction | a | • | exists as a limited | | | |
| | | Hobert 1 | N. Honson | | | | |
| | | Robert M. Hinson, | Signature | | | | |
| | | ACOUNT IN THIS OIL | Type or Print Name & Tale | | | | |
| | | Date: <u>luguet</u> | t 5, 2001 | | | | |
| CT Corporation Sy | | , consent to serve as the register | | imited liability company. | | | |
| Турс | or print havine of regresored agent | By: CT Corporation System | Monris tura of Registered Agrant | | | | |
| | | DM | E W. WORMS Time | The same of the sa | | | |
| SLL-302 (298) KY038 - C | T Filing Manager Ordine | (See attached sheet for instructions) | NT VICE PRESIDENT | \$ * | | | |